

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): Chapter 11

☐ Check if this is an amended filing

## Official Form 201

# Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name WATAUGA FAMILY DENTISTRY, PLLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 47-1492400

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

5710 Watauga Road

Number Street

Fort Worth, TX 76148

City State ZIP Code

Tarrant

County

4719 Taylor Lane

Number Street

Grapevine, TX 76051

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL) www.wataugafamilydentistry.pro

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor WATAUGA FAMILY DENTISTRY, PLLC  
Name

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6 2 1 2

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

A debtor who is a "small business debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box

Check one:

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_  
Case number, if known \_\_\_\_\_  
MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Debtor WATAUGA FAMILY DENTISTRY, PLLC  
Name

Case number (if known) \_\_\_\_\_

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard?  
\_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number Street

City

State

ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds?**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- ☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

**15. Estimated assets**

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor WATAUGA FAMILY DENTISTRY, PLLC  
Name

Case number (if known) \_\_\_\_\_

**16. Estimated liabilities**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                     | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000               | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000              | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/28/2023  
MM/ DD/ YYYY

**X**

/s/ William Oliver

Signature of authorized representative of debtor

William Oliver

Printed name

Title Director

**18. Signature of attorney**

**X**

/s/ Robert C Lane

Signature of attorney for debtor

Date 08/28/2023

MM/ DD/ YYYY

Robert C Lane

Printed name

The Lane Law Firm

Firm name

6200 Savoy Dr Ste 1150

Number Street

Houston

City

TX

State

77036-3369

ZIP Code

(713) 595-8200

Contact phone

notifications@lanelaw.com

Email address

24046263

Bar number

TX

State

*[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]*

*[Caption as in Form 416B]*

**Attachment to Voluntary Petition for Non-Individuals Filing for  
Bankruptcy under Chapter 11**

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is .

2. The following financial data is the latest available information and refers to the debtor's condition on .

a. Total assets	\$124,315.15
b. Total debts (including debts listed in 2.c., below)	\$785,790.17
c. Debt securities held by more than 500 holders	

Approximate  
number of  
holders:

secured ☐ unsecured ☐ subordinated ☐

secured ☐ unsecured ☐ subordinated ☐

secured ☐ unsecured ☐ subordinated ☐

secured ☐ unsecured ☐ subordinated ☐

secured ☐ unsecured ☐ subordinated ☐

d. Number of shares of preferred stock

e. Number of shares common stock

Comments, if any:

3. Brief description of debtor's business

General Dentistry

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

Fill in this information to identify the case:

Debtor name WATAUGA FAMILY DENTISTRY, PLLC

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Align Technology Inc. 410 N Scottsdale Rd Ste 1300 Tempe, AZ 85288-7094		Vendor				\$21,000.00
2	Darby Dental Supply LLC 300 Jericho Quadrangle Jericho, NY 11753		Vendor				\$9,634.87
3	Den-Mat Holdings, LLC 1017 W. Central Ave. Lompoc, CA 93436		Vendor				\$3,420.50
4	NDX Green 1099 Wilburn Road Heber Springs, AR 72543		Vendor				\$1,677.12
5	NDX Heumann Topeka 2820 SW Fairlawn Rd Suite 200 Topeka, KS 66614		Vendor				\$7,892.76
6	NDX Stern Empire 1805 W. 34th Street Houston, TX 77018		Vendor				\$4,026.25
7	Next Dental 1065 SW 15th Ave. Suite C2 Delray Beach, FL 33444		Vendor				\$2,553.00
8	Patterson Dental 1031 Mendota Heights Rd Saint Paul, MN 55120		Vendor				\$12,000.00

Debtor WATAUGA FAMILY DENTISTRY, PLLC  
Name

Case number (if known) \_\_\_\_\_

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	US Small Business Administration Little Rock Commercial Loan Servicing Center 2120 Riverfront Drive Suite 100 Little Rock, AR 72202		EIDL Loan				\$450,000.00
10	William Oliver 4719 Taylor Ln Grapevine, TX 76051		Business Loan				\$273,585.67
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Fill in this information to identify the case:

Debtor name WATAUGA FAMILY DENTISTRY, PLLC

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING** – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/28/2023  
MM/ DD/ YYYY

X

/s/ William Oliver

Signature of individual signing on behalf of debtor

William Oliver

Printed name

Director

Position or relationship to debtor



Fill in this information to identify the case:

Debtor name WATAUGA FAMILY DENTISTRY, PLLC

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

#### Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\_\_\_\_\_

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1 Chase Bank

Checking account

4596

\$1,689.26

3.2 Truist Bank

Checking account

5972

\$236.00

4. Other cash equivalents (Identify all)

None

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,925.26

#### Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

☒ No. Go to Part 3.

☐ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

None

Debtor WATAUGA FAMILY DENTISTRY, PLLC

Name

Case number (if known) \_\_\_\_\_

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

None

**9. Total of Part 2**

Add lines 7 through 8 (including amounts on any additional sheets). Copy the total to line 81.

\$0.00

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

☐ No. Go to Part 4.

☒ Yes. Fill in the information below.

Current value of debtor's  
interest

**11. Accounts Receivable**

11a. 90 days old or less: \$168,099.19 - \$53,995.30 = ..... → \$114,103.89  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \_\_\_\_\_ - \_\_\_\_\_ = ..... → \_\_\_\_\_  
face amount doubtful or uncollectible accounts

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$114,103.89

**Part 4: Investments**

**13. Does the debtor own any investments?**

☒ No. Go to Part 5.

☐ Yes. Fill in the information below.

Valuation method used for  
current value

Current value of debtor's  
interest

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

None

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of fund or stock: \_\_\_\_\_ % of  
ownership:

None

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

Debtor WATAUGA FAMILY DENTISTRY, PLLC Case number (if known) \_\_\_\_\_  
Name

None

**17. Total of Part 4**

Add lines 14 through 16 (including any additional sheets). Copy the total to line 83.

\$0.00

**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**19. Raw materials**

None

**20. Work in progress**

None

**21. Finished goods, including goods held for resale**

None

**22. Other inventory or supplies**

22.1 Various Office Supplies MM / DD / YYYY (Unknown) \$200.00

**Additional Page Total - See continuation page for additional entries** \$1,800.00

**23. Total of Part 5**

Add lines 19 through 22 (including any additional sheets). Copy the total to line 84.

\$2,000.00

**24. Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

Debtor WATAUGA FAMILY DENTISTRY, PLLC

Name

Case number (if known) \_\_\_\_\_

**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

**28. Crops — either planted or harvested**

None

**29. Farm animals** *Examples: Livestock, poultry, farm-raised fish*

None

**30. Farm machinery and equipment** (Other than titled motor vehicles)

None

**31. Farm and fishing supplies, chemicals, and feed**

None

**32. Other farming and fishing-related property not already listed in Part 6**

None

**33. Total of Part 6**

Add lines 28 through 32. Copy the total to line 85.

\$0.00

**34. Is the debtor a member of an agricultural cooperative?**

- ☒ No  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No  
☐ Yes

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes

**36. Is a depreciation schedule available for any of the property listed in Part 6?**

- ☒ No  
☐ Yes

**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 7:** Office furniture, fixtures, and equipment; and collectibles

Debtor WATAUGA FAMILY DENTISTRY, PLLC Case number (if known) \_\_\_\_\_  
Name

**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**39. Office furniture**

39.1 Desk (Unknown) \$75.00

**Additional Page Total** - See continuation page for additional entries \$835.00

**40. Office fixtures**

None

**41. Office equipment, including all computer equipment and communication systems equipment and software**

41.1 iTero Dental Scanner (Unknown) (Unknown)

**Additional Page Total** - See continuation page for additional entries \$5,375.00

**42. Collectibles** Examples: Antiques and figurines; paintings, prints or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

None

**43. Total of Part 7**

Add lines 39 through 42. Copy the total to line 86.

\$6,285.00

**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No  
☐ Yes

**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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Debtor WATAUGA FAMILY DENTISTRY, PLLC Case number (if known) \_\_\_\_\_  
Name

**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

None

**48. Watercraft, trailers, motors, and related accessories** *Examples:*  
Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

None

**49. Aircraft and accessories**

None

**50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

None

**51. Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No  
☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 9: Real Property**

**54. Does the debtor own or lease any real property?**

☐ No. Go to Part 10.  
☒ Yes. Fill in the information below.

General description Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has interest**

<b>Office Space</b>	<b>Lease</b>	<b>(Unknown)</b>		<b>(Unknown)</b>
55.1 <u>5710 Watauga Road Fort Worth, TX 76148</u>				

**56. Total of Part 9**

Add the current value on lines 55.1 through 55.3 and entries from any addition sheets. Copy the total to line 88.

\$0.00

Debtor WATAUGA FAMILY DENTISTRY, PLLC Case number (if known) \_\_\_\_\_  
Name

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No  
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 10: Intangibles and Intellectual Property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

None

61. Internet domain names and websites

61.1 www.wataugafamilydentistry.pro (Unknown) Fair Market Value \$1.00

62. Licenses, franchises, and royalties

None

63. Customer lists, mailing lists, or other compilations

None

64. Other intangibles, or intellectual property

None

65. Goodwill

None

66. Total of Part 10

Add lines 60 through 65. Copy the total to line 89.

\$1.00

67. Do your lists or records include personally identifiable information of customers? (as defined in 11 U.S.C. §§ 101(41A) and 107)

- ☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

Debtor WATAUGA FAMILY DENTISTRY, PLLC

Name

Case number (if known) \_\_\_\_\_

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No

☐ Yes

**Part 11:** All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

☒ No. Go to Part 12.

☐ Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

None

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

None

73. Interests in insurance policies or annuities

None

74. Causes of action against third parties (whether or not a lawsuit has been filed)

None

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

None

76. Trusts, equitable or future interests in property

None

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

None

78. Total of Part 11

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes



Debtor WATAUGA FAMILY DENTISTRY, PLLC  
Name

Case number (if known) \_\_\_\_\_

**Part 12:** Summary

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$1,925.26</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$114,103.89</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$2,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; collectibles. <i>Copy line 43, Part 7.</i>	<u>\$6,285.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i>		→ <u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$1.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column.....	91a. <u>\$124,315.15</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92 .....		<u>\$124,315.15</u>

Debtor WATAUGA FAMILY DENTISTRY, PLLC  
Name

Case number (if known) \_\_\_\_\_

**Additional Page**

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>22. Other inventory or supplies - Continued</b>				
22.2 <u>Dental Supplies</u>	_____ MM / DD / YYYY	<u>(Unknown)</u>	_____	<u>\$800.00</u>
22.3 <u>Dental Instruments</u>	_____ MM / DD / YYYY	<u>(Unknown)</u>	_____	<u>\$1,000.00</u>
General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture - Continued</b>				
39.2 <u>Chairs (10)</u>		<u>(Unknown)</u>	_____	<u>\$120.00</u>
39.3 <u>Comptuers (10)</u>		<u>(Unknown)</u>	_____	<u>\$300.00</u>
39.4 <u>Monitors (6)</u>		<u>(Unknown)</u>	_____	<u>\$150.00</u>
39.5 <u>Filing Cabinets (3)</u>		<u>(Unknown)</u>	_____	<u>\$75.00</u>
39.6 <u>Tables (2)</u>		<u>(Unknown)</u>	_____	<u>\$20.00</u>
39.7 <u>Phones (6)</u>		<u>(Unknown)</u>	_____	<u>\$120.00</u>
39.8 <u>Printer</u>		<u>(Unknown)</u>	_____	<u>\$25.00</u>
39.9 <u>Copier</u>		<u>(Unknown)</u>	_____	<u>\$25.00</u>
<b>41. Office equipment - Continued</b>				
41.2 <u>Planmecca X-ray Machine</u>		<u>(Unknown)</u>	<u>Fair Market Value</u>	<u>\$5,000.00</u>
41.3 <u>Compressor</u>		<u>(Unknown)</u>	_____	<u>\$175.00</u>
41.4 <u>Vacuum Pump</u>		<u>(Unknown)</u>	_____	<u>\$200.00</u>

Fill in this information to identify the case:

Debtor name WATAUGA FAMILY DENTISTRY, PLLC

United States Bankruptcy Court for the: Northern District of Texas  
(State)

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

2.1 Creditor's name

De Lage Landen Financial Services, Inc.

Describe debtor's property that is subject to a lien

unknown unknown

Creditor's mailing address

1111 Old Eagle School Road Ste 1  
Wayne, PA 19087

Describe the lien

Lease

Creditor's email address, if known

Date debt was incurred 05/16/2022

Is the creditor an insider or related party?

- ☒ No  
☐ Yes

Last 4 digits of account number 4 4 4 1

Is anyone else liable on this claim?

- ☒ No  
☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☒ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Remarks: Tero Dental Scanner

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$450,000.00

Debtor WATAUGA FAMILY DENTISTRY, PLLC  
Name

Case number (if known) \_\_\_\_\_

<b>Part 1:</b> Additional Page	<i>Column A</i> <b>Amount of claim</b> <small>Do not deduct the value of collateral.</small>	<i>Column B</i> <b>Value of collateral that supports this claim</b>
<b>2.2 Creditor's name</b> <u>US Small Business Administration</u>	<b>\$450,000.00</b>	<b>unknown</b>
<b>Creditor's mailing address</b> <u>Little Rock Commercial Loan</u> <u>Servicing Center</u> <u>2120 Riverfront Drive Suite 100</u> <u>Little Rock, AR 72202</u>		
<b>Creditor's email address, if known</b> _____		
<b>Date debt was incurred</b> <u>05/30/2020</u>		
<b>Last 4 digits of account number</b> <u>7</u> <u>8</u> <u>0</u> <u>3</u>		
<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines ____	<b>Describe debtor's property that is subject to a lien</b> _____ _____ _____ <b>Describe the lien</b> <u>EIDL Loan</u>	
	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	<b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	

Fill in this information to identify the case:

Debtor name WATAUGA FAMILY DENTISTRY, PLLC

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
<b>2.1</b>	<b>Priority creditor's name and mailing address</b> _____ _____ _____  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____
<b>2.2</b>	<b>Priority creditor's name and mailing address</b> _____ _____ _____  <b>Date or dates debt was incurred</b> _____  <b>Last 4 digits of account number</b> ____  <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	_____ _____

Debtor WATAUGA FAMILY DENTISTRY, PLLC Case number (if known) \_\_\_\_\_  
Name

**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Align Technology Inc.</u> <u>410 N Scottsdale Rd Ste 1300</u> <u>Tempe, AZ 85288-7094</u>  Date or dates debt was incurred <u>05/16/2022</u> Last 4 digits of account number <u>0 0 4 8</u>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$21,000.00</u>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Darby Dental Supply LLC</u> <u>300 Jericho Quadrangle</u> <u>Jericho, NY 11753</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,634.87</u>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Den-Mat Holdings, LLC</u> <u>1017 W. Central Ave.</u> <u>Lompoc, CA 93436</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,420.50</u>
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> <u>NDX Green</u> <u>1099 Wilburn Road</u> <u>Heber Springs, AR 72543</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,677.12</u>

Debtor WATAUGA FAMILY DENTISTRY, PLLC Case number (if known) \_\_\_\_\_  
Name

Part 2: Additional Page

<p><b>3.5</b> Nonpriority creditor's name and mailing address</p> <p><u>NDX Heumann Topeka</u></p> <p><u>2820 SW Fairlawn Rd Suite 200</u></p> <p><u>Topeka, KS 66614</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$7,892.76</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.6</b> Nonpriority creditor's name and mailing address</p> <p><u>NDX Stern Empire</u></p> <p><u>1805 W. 34th Street</u></p> <p><u>Houston, TX 77018</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$4,026.25</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.7</b> Nonpriority creditor's name and mailing address</p> <p><u>Next Dental</u></p> <p><u>1065 SW 15th Ave. Suite C2</u></p> <p><u>Delray Beach, FL 33444</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$2,553.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.8</b> Nonpriority creditor's name and mailing address</p> <p><u>Patterson Dental</u></p> <p><u>1031 Mendota Heights Rd</u></p> <p><u>Saint Paul, MN 55120</u></p> <p>Date or dates debt was incurred <u>05/16/2022</u></p> <p>Last 4 digits of account number <u>0 9 7 2</u></p>	<p>As of the petition filing date, the claim is: <u>\$12,000.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor WATAUGA FAMILY DENTISTRY, PLLC  
Name

Case number (if known) \_\_\_\_\_

Part 2: Additional Page

**3.9** Nonpriority creditor's name and mailing address

William Oliver

4719 Taylor Ln

Grapevine, TX 76051

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

*Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: Business Loan

Is the claim subject to offset?

☒ No

☐ Yes

\$273,585.67



Debtor WATAUGA FAMILY DENTISTRY, PLLC  
Name

Case number (if known) \_\_\_\_\_

**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims

**5. Add the amounts of priority and nonpriority unsecured claims.**

**Total of claim amounts**

5a. **Total claims from Part 1**

5a. \$0.00

5b. **Total claims from Part 2**

5b. **+** \$335,790.17

5c. **Total of Parts 1 and 2**  
Lines 5a + 5b = 5c.

5c. \$335,790.17

Fill in this information to identify the case:

Debtor name WATAUGA FAMILY DENTISTRY, PLLC

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_ Chapter 11

☐ Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Office Space</u> <u>Contract to be ASSUMED</u>	<u>SSSR Properties LLC</u> <u>1226 St Regis Dr</u> <u>Irving, TX 75038</u>
	State the term remaining	<u>0 months</u>	
	List the contract number of any government contract	_____	
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>iTero Dental Scanner</u> <u>Contract to be REJECTED</u>	<u>De Lage Landen Financial Services, Inc.</u> <u>1111 Old Eagle School Road Ste 1</u> <u>Wayne, PA 19087</u>
	State the term remaining	<u>0 months</u>	
	List the contract number of any government contract	_____	
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Service Agreement</u> <u>Contract to be ASSUMED</u>	<u>Novus IT Solutions Inc.</u> <u>8001 Cannonwood Drive</u> <u>Fort Worth, TX 76137</u>
	State the term remaining	<u>0 months</u>	
	List the contract number of any government contract	_____	
2.4	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____

Fill in this information to identify the case:

Debtor name WATAUGA FAMILY DENTISTRY, PLLC

United States Bankruptcy Court for the: Northern District of Texas  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206H

## Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 <u>Oliver, William</u>	<u>4719 Taylor Lane</u> Street  <u>Grapevine, TX 76051</u> City State ZIP Code	<u>US Small Business Administration</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 _____	_____ Street _____ _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor WATAUGA FAMILY DENTISTRY, PLLC Case number (if known) \_\_\_\_\_  
Name

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.6	<div>Street</div> <div></div> <div>CityStateZIP Code</div>	<div></div>	<div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>

Fill in this information to identify the case:

Debtor name WATAUGA FAMILY DENTISTRY, PLLC

United States Bankruptcy Court for the:

Northern District of Texas

Case number (if known): \_\_\_\_\_ Chapter 11

☐ Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

#### Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real Property:**

Copy line 88 from *Schedule A/B*.....

\$0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$124,315.15

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*.....

\$124,315.15

#### Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$450,000.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$0.00

3b. **Total amount of claims of non-priority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

**+** \$335,790.17

4. **Total liabilities**.....

Lines 2 + 3a + 3b

\$785,790.17

Fill in this information to identify the case:

Debtor name WATAUGA FAMILY DENTISTRY, PLLC

United States Bankruptcy Court for the:  
Northern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 207

## Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

### Part 1: Income

#### 1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

#### Sources of revenue

Check all that apply

#### Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2023 to Filing date  
MM/ DD/ YYYY

☒ Operating a business

\$284,832.00

☐ Other \_\_\_\_\_

For prior year:

From 01/01/2022 to 12/31/2022  
MM/ DD/ YYYY MM/ DD/ YYYY

☒ Operating a business

\$531,165.00

☐ Other \_\_\_\_\_

For the year before that:

From 01/01/2021 to 12/31/2021  
MM/ DD/ YYYY MM/ DD/ YYYY

☒ Operating a business

\$523,433.00

☐ Other \_\_\_\_\_

#### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

#### Description of sources of revenue

#### Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2023 to Filing date  
MM/ DD/ YYYY

For prior year:

From 01/01/2022 to 12/31/2022  
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2021 to 12/31/2021  
MM/ DD/ YYYY MM/ DD/ YYYY

## Part 2:

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>US Small Business Administration</u> Creditor's name <u>409 3rd St SW</u> Street _____ <u>Washington, DC 20416</u> City State ZIP Code	<u>April 2023</u> _____ <u>May 2023</u> _____ <u>June 2023</u> _____ <u>July 2023</u> _____	_____ _____ _____ _____ _____	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. <u>Henry Schein</u> Creditor's name <u>135 Duryea Road</u> Street _____ <u>Melville, NY 11747</u> City State ZIP Code	<u>April 2023</u> _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Creditor's name _____ Street _____ _____ City State ZIP Code	_____ _____ _____	_____ _____ _____	_____ _____ _____
Relationship to debtor			
_____			

## 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
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5.1.

Creditor's name

Street

CityStateZIP Code

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

6.1.

Creditor's name

Street

CityStateZIP Code

XXXX- \_ \_ \_ \_

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

7.1.

Case title	Nature of case	Court or agency's name and address	Status of case
		Name	<input type="checkbox"/> Pending
		Street	<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
		CityStateZIP Code	

Case number

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None



8.1.	<b>Custodian's name and address</b>	<b>Description of the property</b>	<b>Value</b>
	Custodian's name		
	Street	<b>Case title</b>	<b>Court name and address</b>
			Name
	City State ZIP Code	<b>Case number</b>	Street
		<b>Date of order or assignment</b>	City State ZIP Code

**Part 4:** Certain Gifts and Charitable Contributions

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

9.1.	<b>Recipient's name and address</b>	<b>Description of the gifts or contributions</b>	<b>Dates given</b>	<b>Value</b>
	Recipient's name			
	Street			
	City State ZIP Code			
	<b>Recipient's relationship to debtor</b>			

**Part 5:** Certain Losses

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

	<b>Description of the property lost and how the loss occurred</b>	<b>Amount of payments received for the loss</b> If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B ( <i>Schedule A/B: Assets – Real and Personal Property</i> ).	<b>Date of loss</b>	<b>Value of property lost</b>
10.1.				

**Part 6:** Certain Payments or Transfers

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.

Who was paid or who received the transfer?

If not money, describe any property transferred

Dates

Total amount or value

The Lane Law Firm

Attorney's Fee

05/11/2023

\$5,000.00

Address

Attorney's Fee

05/22/2023

\$5,000.00

6200 Savoy Dr Ste 1150

Attorney's Fee and Expenses

05/22/2023

\$15,000.00

Street

Houston, TX 77036-3369

City State ZIP Code

Email or website address

billing@lanelaw.com

Who made the payment, if not debtor?

12.

Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.

Name of trust or device

Describe any property transferred

Dates transfers were made

Total amount or value

Trustee

13.

Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.

Who received the transfer?

Description of property transferred or payments received or debts paid in exchange

Date transfer was made

Total amount or value

Address

Street

City State ZIP Code

Relationship to debtor

**Part 7:** Previous Locations

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

**Address**

**Dates of occupancy**

14.1. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Street  
\_\_\_\_\_  
\_\_\_\_\_  
City State ZIP Code

**Part 8:** Health Care Bankruptcies

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
—diagnosing or treating injury, deformity, or disease, or  
—providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

**Facility name and address**

**Nature of the business operation, including type of services the debtor provides**

**If debtor provides meals and housing, number of patients in debtor's care**

15.1. Watauga Family Dentistry General Dentistry 5000  
Facility name  
5710 Watauga Road Ste B  
Street  
Fort Worth, TX 76148  
City State ZIP Code

**Location where patient records are maintained**(if different from facility address). If electronic, identify any service provider.

**How are records kept?**

Novus IT Solutions Inc  
\_\_\_\_\_

Check all that apply:

☒ Electronically

☐ Paper

**Part 9:** Personally Identifiable Information

**16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☒ Yes.

Name, Date of Birth, Physical Address, Social Security

State the nature of the information collected and retained. Numbers and Records

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☒ No. Go to Part 10.

- ☐ Yes. Does the debtor serve as plan administrator?
- ☐ No. Go to Part 10.
- ☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
	EIN: _ _ - _ _ _ _ _
Has the plan been terminated?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?  
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 _____ Name  _____ Street  _____ City                      State      ZIP Code	XXXX- _ _ _ _	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	_____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1 _____ Name  _____ Street  _____ City                      State      ZIP Code	_____ _____ _____  Address _____ _____	_____ _____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None



**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name		EIN: _ _ - _ _ _ _ _
Street		<b>Dates business existed</b>
		From _ _ _ _ _ To _ _ _ _ _
City State ZIP Code		

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Dates of service
26a.1. <u>Boss Back Office Support Services LLC</u> Name <u>5710 Watauga Rd. Ste A.</u> Street  <u>Fort Worth, TX 76148</u> City State ZIP Code	From _____ To _____

Name and address	Dates of service
26a.2. <u>Caleb Helms CPA</u> Name <u>5921 Lovell Ave Ste A</u> Street  <u>Fort Worth, TX 76107</u> City State ZIP Code	From _____ To <u>present</u>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. _____ Name _____ Street _____ City State ZIP Code	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <u>Boss Back Office Support Services LLC</u> Name <u>5710 Watauga Rd. Ste A.</u> Street  <u>Fort Worth, TX 76148</u> City State ZIP Code	<u>Bookkeeping Services</u>

Name and address	If any books of account and records are unavailable, explain why
26c.2. <u>Linda Stevenson, CPA</u> Name <u>1705 W Northwest Hwy Ste 220</u> Street  <u>Grapevine, TX 76051</u> City State ZIP Code	   

Name and address		If any books of account and records are unavailable, explain why		
26c.3.	<div>Caleb Helms, CPA</div> <div>Name</div> <div>5921 Lovell Ave Suite A</div> <div>Street</div> <div>Fort Worth, TX 76107</div> <div>CityStateZIP Code</div>			
26d.	List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.			
	<input checked="" type="checkbox"/> None			
26d.1.	<div>Name and address</div> <div></div> <div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>			
27.	Inventories			
	Have any inventories of the debtor's property been taken within 2 years before filing this case?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes. Give the details about the two most recent inventories.			
	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory	
27.1.	<div>Name and address of the person who has possession of inventory records</div> <div></div> <div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>			
28.	List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.			
	Name	Address	Position and nature of any interest	% of interest, if any
	Oliver, William	4719 Taylor Lane Grapevine, TX 76051	Director,	100.00%
29.	Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes. Identify below.			
	Name	Address	Position and nature of any interest	Period during which position or interest was held



From \_\_\_\_\_  
To \_\_\_\_\_

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☒ No

☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Relationship to debtor \_\_\_\_\_

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

☒ No

☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
_____	EIN: ____ - ____ - ____ - ____ - ____

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

☒ No

☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
_____	EIN: ____ - ____ - ____ - ____ - ____

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/28/2023  
MM/ DD/ YYYY

**X** /s/ William Oliver \_\_\_\_\_ Printed name William Oliver  
Signature of individual signing on behalf of the debtor

Position or relationship to debtor Director

Debtor	Case 23-42515-elm11 Doc 1 Filed 08/28/23 Entered 08/28/23 09:45:49 Desc Main
Name	WATAUGA FAMILY DENTISTRY, PLLC
	Document Page 42 of 47
Case number (if known)	
Are additional pages to <i>Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy</i> (Official Form 207) attached?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes	

B2030 (Form 2030) (12/15)

United States Bankruptcy Court  
Northern District of Texas

In re WATAUGA FAMILY DENTISTRY, PLLC

Case No. \_\_\_\_\_

Debtor

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$42,500.00

Prior to the filing of this statement I have received ..... \$25,000.00

Balance Due ..... \$17,500.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/28/2023

*Date*

/s/ Robert C Lane

Robert C Lane

*Signature of Attorney*

Bar Number: 24046263

The Lane Law Firm

6200 Savoy Dr Ste 1150

Houston, TX 77036-3369

Phone: (713) 595-8200

Fax: (713) 595-8201

The Lane Law Firm

*Name of law firm*

**IN THE UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION**

IN RE: **WATAUGA FAMILY DENTISTRY, PLLC**

CASE NO

CHAPTER 11

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 08/28/2023 Signature /s/ William Oliver  
William Oliver, Director

ALIGN TECHNOLOGY INC.  
410 N SCOTTSDALE RD STE 1300  
TEMPE, AZ 85288-7094

DARBY DENTAL SUPPLY LLC  
300 JERICHO QUADRANGLE  
JERICHO, NY 11753

DE LAGE LANDEN FINANCIAL  
SERVICES, INC.  
1111 OLD EAGLE SCHOOL ROAD STE 1  
WAYNE, PA 19087

DEN-MAT HOLDINGS, LLC  
1017 W. CENTRAL AVE.  
LOMPOC, CA 93436

NDX GREEN  
1099 WILBURN ROAD  
HEBER SPRINGS, AR 72543

NDX HEUMANN TOPEKA  
2820 SW FAIRLAWN RD SUITE 200  
TOPEKA, KS 66614

NDX STERN EMPIRE  
1805 W. 34TH STREET  
HOUSTON, TX 77018

NEXT DENTAL  
1065 SW 15TH AVE. SUITE C2  
DELRAY BEACH, FL 33444

NOVUS IT SOLUTIONS INC.  
8001 CANNONWOOD DRIVE  
FORT WORTH, TX 76137

WILLIAM OLIVER  
4719 TAYLOR LANE  
GRAPEVINE, TX 76051

PATTERSON DENTAL  
1031 MENDOTA HEIGHTS RD  
SAINT PAUL, MN 55120

SSSR PROPERTIES LLC  
1226 ST REGIS DR  
IRVING, TX 75038

THE LANE LAW FIRM  
6200 SAVOY DR STE 1150  
HOUSTON, TX 77036-3369

US SMALL BUSINESS  
ADMINISTRATION  
LITTLE ROCK COMMERCIAL LOAN  
SERVICING CENTER  
2120 RIVERFRONT DRIVE SUITE 100  
LITTLE ROCK, AR 72202

WATAUGA FAMILY  
DENTISTRY, PLLC  
5710 WATAUGA ROAD STE B  
FORT WORTH, TX 76148

WILLIAM OLIVER  
4719 TAYLOR LN  
GRAPEVINE, TX 76051